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ABSTRACT

Over the past decade, the Human Services Agency (HSA) of San Mateo County, California, has implemented a series of management and staff processes designed to facilitate the delivery of services to county residents. Examples of these services are as follows: (1) regionalization (HSA offices are located throughout the county, and office staff and managers have the flexibility to implement policies in ways that meet local needs); (2) matrix management (managers bear responsibility for office operations within a region and for policy in areas of individual specialization); (3) true one-stop access to services (clients can access a broad range of programs at a single location); (4) a common intake process (the county has a common intake process in which staff trained in multiple programs use a comprehensive screening and assessment tool to determine clients' needs); (5) family self-sufficiency teams (multidisciplinary teams meet weekly to review cases and recommend appropriate services and benefits); (6) information systems support (HSA has a common case management and client tracking system that is accessible to all staff and linked to a data warehouse that provides information for management decision making); and (7) collaboration with community partners (HSA works closely with 17 family resource centers and 7 core service agencies). (MN)

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SERVICE INTEGRATION IN SAN MATEO COUNTY, CALIFORNIA

MULTIPLE STRATEGIES WITH A SINGLE GOAL

REPORT BY THE ROCKEFELLER INSTITUTE OF GOVERNMENT FOR THE CASEY STRATEGIC CONSULTING GROUP

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November 2002

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The Nelson A. Rockefeller Institute of Government
Albany, New York

November 2002

The Nelson A. Rockefeller Institute of Government, the public policy research arm of the State University of New York, was established in 1982 to bring the resources of the 64-campus SUNY system to bear on public policy issues. The Institute is active nationally in research and special projects on the role of state governments in American federalism and the management and finances of both state and local governments in major areas of domestic public affairs.

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Summary

Service integration can take many forms — co-locating staff, developing a common intake process, creating multi-disciplinary teams to review and manage cases, reorganizing to bring together multiple programs in a unified governance structure, and other strategies designed to simplify access to benefits and services. Over the last decade, officials in San Mateo County, California have implemented all of these strategies, and more, to create PeninsulaWorks, a coherent and responsive service delivery system.

The Human Services Agency (HSA) of San Mateo County is a large organization that includes a wide range of human services programs in a single administrative unit. Income support programs, employment and training programs, youth and family services, housing programs, vocational rehabilitation services, and alcohol and drug services are the responsibility of a single director of human services. But the story doesn't end there. HSA has gone well beyond reorganization, implementing management and staff processes that are designed to facilitate the delivery of services to county residents. Examples of these processes include:

- **Regionalization** — HSA offices are located throughout the county. Staff and managers in these offices have flexibility to implement policies in ways that meet local needs.
- **Matrix Management** — Managers have dual responsibility. They are responsible for office operations within a region *and* for policy in areas of individual specialization. For example, one regional director is responsible for operation of offices within his region and for policies and processes, agency-wide, related to youth and family services.
- **True One-Stop Access to Services** — One-stop offices in San Mateo County are truly one-stop. Clients can access a broad range of programs at a single location.

- **A Common Intake Process** — The county has implemented a common intake process in which staff trained in multiple programs use a comprehensive screening and assessment tool to determine client needs.
- **Family Self-Sufficiency Teams** — Multi-disciplinary teams that include staff as well as service providers meet weekly to review cases and recommend appropriate services and benefits.
- **Information Systems Support** — HSA has developed and implemented a common case management and client tracking system (SMART) accessible to all staff. The system is linked to a data warehouse that provides information for management decisionmaking.
- **Collaboration with Community Partners** — HSA works closely with 17 Family Resource Centers and 7 Core Service Agencies that offer a range of services to families, all of which are connected to HSA via the SMART system.

Service Integration in San Mateo County, California

Multiple Strategies with a Single Goal

Background

Introduction

This paper is one in a series of reports that describe efforts to integrate the delivery of human service programs in different locations around the country. Funded by the Casey Strategic Consulting Group, the project is designed to document lessons learned, analyze critical success factors, and describe the operational processes and tools, including information technologies, that have contributed to these efforts.

In May 2002 staff from the Rockefeller Institute of Government conducted a site visit in human service offices in San Mateo County, California. Locations visited included a number of one-stop and administrative offices of the county Human Services Agency (HSA). The goal of the site visit was to assess the extent of service integration in the county and gather sufficient information to describe local efforts.

The Human Service System in California

In California, administration of income support and child welfare programs is the responsibility of the counties, which for many years have had a great deal of flexibility in designing and implementing programs to meet local needs, with governance structures that vary from county to county. Welfare reform has reinforced local control of programs. Employment and training programs and housing programs, on the other hand, are not necessarily administered by county governments, though this is the case in San Mateo County.

Site Demographics

San Mateo County is a relatively prosperous, urbanized county just south of San Francisco on a peninsula between the Pacific Ocean and San Francisco Bay. The population of approximately 707,161 in 2000 is about average for counties in California. There are a number of cities in the county, which over time have become part of the larger metropolitan area along the interstate corridor south of San Francisco. The percentages of persons and children living below the poverty line are substantially less than the state averages; 6.5 versus 13.9 percent for persons under the poverty line, and 8.1 versus 19.4 percent for children under 18.[1] Unemployment in April of 2002 was 4.3 percent in San Mateo County versus 6.3 percent for the state.[2]

A significant problem for human service administrators is the cost of living in the county, particularly the costs of housing and child care. The county has determined that a family of three needs an annual income of more than $70,000 to get by without government supports. Given that this figure is substantially more than can be provided by a minimum wage job, work supports and training for higher-wage jobs are crucial. San Mateo County is in California's Silicon Valley. As a consequence, much of the training provided to agency clients has focused on high technology jobs. Unfortunately, the recent economic downturn has had a significant negative impact on this sector, making the transition to higher-wage jobs more problematic. Another local challenge relates to the multi-cultural makeup of county residents, which creates the need for culturally-sensitive services and for staff fluent in a range of languages, including Tagalog, Spanish, Russian and Chinese. According to county officials, San Mateo is the third most ethnically diverse county in the U.S.

Efforts to Integrate Human Services in San Mateo County

Integration of human service programs in San Mateo County has been a decade-long effort that involves a number of strategies, in-

cluding organizational changes, staff development, changes in client processes, improvements in working relationships with community partners, information systems development, and most visibly, creation of the PeninsulaWorks one-stop offices.

Organizational Changes

Reorganization

In 1992, after conducting a round of focus group meetings with stakeholders, the County Board of Supervisors and the County Manager determined that in order to best meet the human service needs of county residents, a single agency should be created that would include multiple programs under the authority of a single director. The Human Services Agency, which has approximately 700 employees, includes income maintenance programs, youth and family services, employment, job training and development programs, vocational rehabilitation services, housing services, and alcohol and drug services. In relation to other county human service agencies around the country, inclusion of employment-related programs is somewhat unusual; inclusion of housing and alcohol and drug services is highly unusual.

HSA's mission is to serve "as a catalyst for public and private efforts to ensure that all individuals and families become healthy, productive, and contributing members of society."[3] This broad statement is indicative of the approach taken by managers and staff. While clearly emphasizing employment as the means of achieving self-sufficiency, they also seek to go beyond employment by providing ongoing services to ensure that families succeed and wage earners advance to higher-paying jobs.

Regionalization

In 1997, HSA adopted a structure in which residents are served by local offices grouped in three regions, each with a regional director. Each local office has an office manager (called a regional manager).

Although county-wide policies and procedures, as well as state-mandated requirements, affect the operation of each program, regional offices have flexibility regarding policy implementation and operational processes. The county is not homogenous; different areas have different needs. The regional structure allows for variation, and matrix management ensures that policies take into account the need for such variation.

Matrix Management

One of the more unique features of the management structure in San Mateo County is matrix management. Upper-level managers, including regional directors, have operational as well as programmatic responsibilities. For example, the Director of the Southern Region is responsible for the operation of several offices, including a large one-stop office in Redwood City and a smaller office in East Palo Alto. In addition, he is responsible for county-wide adolescent services, the Children's Receiving Home, and out-of home services. He also coordinates policy for the county's Family Self-Sufficiency Teams and the SMART system (both described below). Managers below the regional director level also have dual responsibilities. For example, the Manager of the Daly City PeninsulaWorks One-Stop also shares responsibility for county-wide policies regarding the operation of one-stops.

This management approach is not simple and can be somewhat confusing. Managers often wear multiple hats, and given the complexity, the lines of authority and responsibilities are not always clear. But the fact is that the system is working, and with positive benefits. Because managers have both operational *and* programmatic responsibilities, they are clearly sensitive to the operational effects of policies, both within and beyond the programs for which they are responsible. They understand how policies in one program can affect other programs, and as a consequence of the design of the county's management processes, they secure input from a wide range of programs before implementing new policies and processes. The managers interviewed during the site visit strongly support ma-

trix management as one way to ensure that programs work in concert, rather than in isolation.

Multiple Teams

As implemented by HSA, matrix management requires a great deal of interaction between programs. There are multiple teams in HSA, both at the management and staff levels. An executive team that includes the agency director, the regional directors, and other agency executive directors meets every two weeks to discuss issues including barriers to integration and potential solutions. An operational team that includes these staff and mid-level managers also meets on alternate weeks. Policy teams that include managers and staff meet on a wide range of issues. Examples include the Self-Sufficiency Policy Team, teams for permanency planning, the SMART system, and child welfare emergency response. Operational teams, such as the Family Self-Sufficiency Teams, described below, bring together staff from multiple programs, as well as community partners, on a regular basis.

Staff Development/Culture Change

The county has developed a staff of approximately fifty Screening and Assessment Specialists located in the one-stop offices who are responsible for client intake for most of HSA's programs. (Child welfare intake is done separately.) Other operational staff are also cross-trained. Many staff receive training that leads to a Family Development Credential. In addition to training in multiple programs, HSA has encouraged the movement of staff from one specialty to another. For example, a number of the managers responsible for income support programs have previous experience with child welfare and related programs.

The change in agency culture from insulated programs focused on eligibility determination to a more integrated approach focused on providing holistic, client-centered services began in the mid-1990s with the adoption of the SUCCESS model (Shared Understanding to Change the Community to Enable Self-Sufficiency)

is a continuing effort. Managers are the key. They take seriously their responsibility to support the changes, and do so through a combination of formal and informal team building activities, such as regular cross-program staff meetings that include all office partners and parties that recognize staff birthdays and accomplishments. In this way staff who might not otherwise interact become familiar with one another, reinforcing an atmosphere of cooperation and shared mission.

Outcome-Based Management and Budgeting

Managing performance based on outcomes has been a strategy of HSA since its inception. The county recently implemented a county-wide budget process that links program funding to performance. The system, called Outcome-Based Management and Budgeting, requires HSA to set priorities, document accomplishments, and link intended outcomes to performance measures in a two-year budget cycle. Each of the programs within the agency participates in the process by developing a plan with targets for performance improvement and a budget that includes mandated and discretionary funding requests. Budget documents for all of HSA's programs are consolidated in three broad areas, Economic Self-Sufficiency, Family Strength, and Community Capacity. Draft plans are shared with other HSA partners for review. Teams from the various programs meet to discuss plans and provide feedback. Priorities include individual programs as well as cross-cutting objectives.

Changes in Client Processes

Common Assessment and Intake Process

Previously there were separate intake processes for each program. During the 1990s the county implemented a common intake process that incorporates a comprehensive, family-focused screening and assessment tool that emphasizes client strengths. Screening and Assessment Specialists (SAS) meet one-on-one with clients at intake, and using information provided by clients, as well as a more com-

prehensive multiple needs assessment tool, determine client needs. The initial assessment is an in-depth review of client needs that can take up to one-half day. If the client has immediate needs, the SAS completes and begins processing all necessary paperwork. For clients with less pressing needs, the SAS refers cases with broader needs to an Income and Employment Services Specialist (IESS); cases with minimal needs (e.g., Food Stamp-only cases) are referred to an Eligibility Technician for case processing.

Cases referred to an IESS receive a broad-based evaluation and ongoing case management services; clients with employment and training needs are referred to Employment Service Specialists who provide appropriate services, such as a week-long workshop focused on employment. Incoming cases are reviewed by Family Self-Sufficiency Teams (FSST).

Family Self-Sufficiency Teams

"Family Self-Sufficiency Teams are multi-disciplinary teams of professionals from various county and county-based organizations that assist individuals or families to obtain resources and referrals necessary for Self-Sufficiency."[4] Four of these teams, located in the one-stop offices, meet weekly. Team members include intake and eligibility staff (see above), other agency partners, including child welfare staff and employment and training staff, and staff representing services such as counseling and therapy services, drug and alcohol services, mental health services, domestic violence treatment, emergency cash, and housing resources.

Initial cases with multiple needs, such as cases referred to IESSs, ongoing cases in danger of being sanctioned, cases that are active in both income support and child welfare systems, and other problematic cases are submitted to the FSST for review. Families are invited to participate in the meetings when their case is discussed; approximately 50 percent choose to do so. At these meetings, cases are presented, short and long-term goals are formulated, and a service plan is created on the spot. Follow-up meetings with the family are scheduled to assess progress.

The benefits of this process include the development of a common case plan that covers multiple programs, eliminating duplication of services, and the opportunity for clients to participate in case planning, facilitating client buy-in and cooperation.

Strong Working Relationships With Community Partners

HSA has developed a broad network of connections with community partners, including providers of services and stakeholders with an interest in improving services for county residents. For example, the county facilitated the development of the Peninsula Community Foundation, which includes local school districts, cities, non-profit and community-based organizations, that has become a major voice in seeking improvements in services and service delivery processes.

HSA works closely and contracts for services with a network of 17 school-based family resource centers throughout the county and 7 core service agencies. The later provide services such as emergency food and assistance with citizenship issues. Contracts this year will total approximately $28 million. The family resource centers and core service agencies are linked to county processes though staff interactions, including participation in teams, and through the County's multi-program information system, SMART.

Information Systems Development

Although county programs are supported by older, mainframe-based legacy systems that are limited in scope and functionality, HSA has made significant progress developing systems that link county staff and service providers across multiple programs.

SMART System

HSA began planning for an information system to support agency functions soon after the decision was made to consolidate county

programs in a single administrative structure. The SMART system (Service Management Access to Resource Tracking) is a case management and client tracking system.

SMART is being developed by the same contractor that built the eligibility system for the TANF, Food Stamp and Medi-Cal program (WCDS), and that is developing a replacement eligibility system (CalWin). Both SMART and CalWin are being developed for a consortium of counties. Eighteen counties will use the new eligibility system; seven of those counties are participating in the development of SMART, with San Mateo County in the lead.

The first functions of the system became operational in 1998. Examples of system functions include: household management, with demographic information on clients and households, service needs, case narratives, and the name of the worker assigned to the case; workflow management, with worker to-do lists; and service management, with information on programs and services, screening for program eligibility, action plans, and program participation tracking.

Although SMART currently operates separately from the eligibility systems, necessitating dual data entry by county staff (usually different staff make input into each system), it is a tool that connects workers across programs. An exception involves child welfare programs; county staff are required to use a state-developed system that is currently being implemented. A unique feature of SMART is the connection with private service providers. School-based Family Resource Centers and the county's network of Core Service Providers have access to the system. This allows both county staff and service providers to determine whether clients are in the system, what needs have already been identified, the benefits and services clients are receiving, the workers who are involved in the case, and to update the record with any additional actions taken.

Although SMART has limitations related to the amount and types of information collected, the need to enter information into multiple systems, and the fact that the system is not used 100 percent of the time by all workers, it is nevertheless an important tool that

supports the integration of programs, linking workers across multiple specialties.

Magnetic Swipe Card

An unusual feature of the SMART system is the use of magnetic swipe cards to track client use of employment-related services. When clients first come into PeninsulaWorks offices for employment-related services, they are immediately issued a swipe card. Each time the client uses a service, such as using a computer to search for jobs, he starts the process by swiping the card through a reader, allowing managers to monitor the frequency and types of services accessed by clients. Though this function became operational only recently, it has quickly become a powerful management tool.

Data Warehouse

Along with SMART, HSA is also developing a data warehouse. The data warehouse is designed to take information from a number of legacy systems to provide reports for management purposes. Driven in part by the county's Outcome-Based Management (OBM) initiative (see above), the system will provide information on OBM measures. The project began in January of 2001 and currently receives data from WCDS (TANF, Food Stamp and Medi-Cal data), the child welfare system, job training and employment systems, and the SMART system. Alcohol and drug program systems, child care systems, and housing systems will eventually provide data as well.

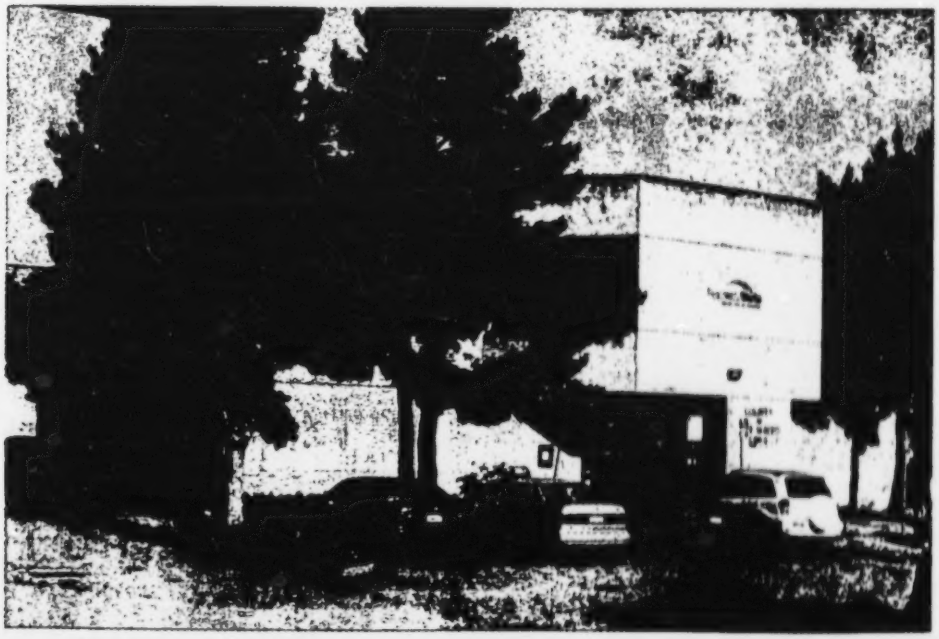
One-Stop Offices

San Mateo County has adopted the one-stop office concept in a big way. Although there is some variation in the mix of services available at each location, and the offices vary in size, the underlying philosophy — that any person can come into any office, be treated with respect, and be given the services that they need — is evident throughout the system. Offices are well-maintained and profes-

sional in appearance; from the minute clients come into an office, they are treated courteously and quickly. A list of the programs and services provided in one of the county offices, the Daly City PeninsulaWorks One-Stop, shows how successfully HSA has implemented the one-stop strategy.

Human Service Agency Programs:

- WorkFirst, which provides workshops, seminars, counseling, computers, phones and fax machines for clients looking for work or career advancement;
- Financial Assistance programs, including Medi-Cal, CalWORKS (TANF), child care assistance, and Food Stamps;
- Workforce Investment Act, which provides comprehensive career counseling, and employment and training services;
- Vocational Rehabilitation Services, which provides assessment for persons with disabilities and other employment barriers;



Daly City PeninsulaWorks One-Stop

- Alcohol and Drug Services;
- Housing Services;
- Mental Health Services; and
- Children and Family Services, which includes child and adult protective services and child welfare programs.

State Employment Development Department Programs:

- Employment Program, which provides job services for unemployed workers;
- Intensive Services Program, which provides employment-related services to individuals who are potentially employable but are in need of in-depth services, and services for employers, such as targeted recruitment; and
- The Veterans Employment Program.

Partner Agency Programs with staff on-site at least part-time:

- Human Investment Program, which matches homeowners and renters with eligible individuals for shared living;
- Community Action Agency, which provides a variety of services such as energy assistance, weatherization, and emergency food;
- Skyline Community College, which provides counseling and assessments on career goals, learning disabilities, and education planning;
- Jefferson Adult School, which provides adult basic education, English as a Second Language classes, and GED preparation;
- Regional Occupational Program, which provides job training courses for the public;
- South San Francisco Adult Education, which provides a range of educational opportunities, including GED

preparation, computer training, and high school-level classes;

- Department of Rehabilitation, which provides job services for people with disabilities;
- Rehabilitation Center for the Handicapped, which provides employment-related services to individuals with disabilities;
- Poplar ReCare, provides vocational services to children and adults with disabilities, children's services and adult day services;
- Family Service Agency, which provides employment and other services for people 55 years and older;
- Daly City Toastmasters;
- Legal Aid;
- Jobs for Youth; and
- The Job Corps.

Critical Success Factors

A number of factors have facilitated HSA's successful implementation of the strategies described above. Some of the more critical factors are:

A Single Governance Structure — Including operation of Workforce Investment Act one-stops, housing programs, alcohol and drug programs, as well as income support and child welfare programs within the same management structure is highly unusual. The Human Service Agency in San Mateo County may have one of the most inclusive program portfolios in the country. This inclusiveness reduces bureaucratic delays and competition between programs, facilitates information sharing, makes development of a cross-program information system more feasible, eliminates confusion for clients, and enhances a common vision and culture.

County Resources — San Mateo is a relatively prosperous county. The county provides funding to fill the gaps between programs, fund initiatives that cannot be funded through state and federal programs, and provide matching funds for programs which require matching. The latter results in higher levels of available resources than are available in counties unable to provide the same level of matching. Information technology projects receive substantial county support.

Strong Leadership — Executive management, including the Director, the Regional Directors, and other managers are articulate and enthusiastic spokespersons for the agency's vision and initiatives. They are veteran human service personnel with ties to the community, who understand their programs and the strategies necessary to integrate services, and have created and reinforced a culture that is client-focused and responsive.

Lessons Learned

Over the last decade, managers of human service programs in San Mateo County have made significant progress in reworking local service delivery systems and processes. Their insights provide useful lessons regarding service integration and changing the focus of their programs.

Creating an Expectation of Collaboration and Positive Outcomes for Families — Managers and political leaders reinforce the message that the agency is about more than employment. It is about helping families to become truly self-sufficient and stable. Managers work to change agency culture, encouraging line staff to cooperate and participate. They make their expectations known, and have found that staff who do not fit in, who are not comfortable with HSA's client-service focus, do not remain with the agency. Customer satisfaction surveys conducted regularly by the county show a high level of approval of the services and treatment that they receive.

Community Involvement — The creation of the Peninsula Community Foundation and the inclusion of non-traditional partners,

such as the school system, in planning and implementing service strategies has broadened the network of service providers. It has also increased community involvement in human services issues. HSA managers understand that they cannot do it alone, and they actively pursue community partners to help with their work.

Working Together Works — Bringing together staff from multiple programs and partner agencies, formally through co-location and team staffings and informally at staff parties, has created an atmosphere of cooperation and trust. Communication is facilitated when all of the players involved in a case are located in one place. Co-location of a broad range of programs has the added benefit of removing the stigma of the welfare office. Because so many employment-related services are located with other human services, the very nature of the office is different — it is an employment office, not a welfare office. All residents who need services, whether it is counseling, income assistance, work supports or employment services visit the same offices, come through the same door, see the same receptionist, and are treated with the same respect and attentiveness.

Conclusion

In San Mateo County, a commitment to service integration and responsive, client-centered processes is evident throughout the system. Considering the many strategies that have been implemented to increase integration and improve services, including one-stop offices, common intake and assessment processes, team staffings, matrix management, and strong information system support, the county has the most integrated human service system of the eight state and county sites visited thus far for this study.

This is not to say that there is no room for improvement. The information systems that will link staff and provide management information are just now coming on line and are going through the normal period of implementation problems. The child welfare system is not as closely connected with other programs as it could be, nor has the housing program been fully integrated. Nevertheless,

there is much for staff and management to be proud of. They have created an impressive service delivery system.

But service integration is not an end in itself. The goal is to provide better service that improves outcomes for families. The strategies that HSA has implemented to integrate services are tools to achieve this larger goal.

Endnotes

1 Statistics from the U. S. Census, Profile of Selected Characteristics: 2000 at http://factfinder.census.gov.

2 From the U.S. Department of Labor, Bureau of Labor Statistics unemployment data at http://www.bls.gov.

3 From material provided by the San Mateo County Human Services Agency.

4 From materials provided by the San Mateo Human Services Agency.

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